



Patent Application

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. of: Stinson, Jonathan S. Art Group: 3731

Serial No.: 10/038,640 Examiner: Bradford C. Pantuck

Filed: January 4, 2002 Atty. Docket: 23,369-110

For: Prostheses Implantable in Enteral Vessels

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REQUEST FOR EXTENSION OF TIME

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant respectfully requests a one (1) month extension of time to December 12, 2004 for responding to the Office Action mailed August 12, 2004.

A check in the amount of \$110.00 is enclosed for the one-month extension fee. The Commissioner is authorized to charge any further fees necessitated by this request, or refund any overpayment, to Deposit Account No. 12-0449.

Respectfully submitted,

Scimed Life Systems, Inc.

Dated: November 24, 2004

By: Frederick W. Niebuhr  
Frederick W. Niebuhr  
Registration No. 27,717  
Customer No. 23452

11/30/2004 SMINASS1 00000050 10038640

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110.00 0P

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CERTIFICATE OF MAILING

Pursuant to 37 CFR 1.8, I hereby certify that this Request for Extension of Time and check in the amount of \$110.00 for extension fee in Application Serial No. 10/038,640 are being deposited with the U.S. Postal Service by first class mail, postage prepaid, in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date of deposit indicated below.

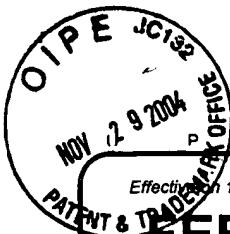
Date of Deposit: November 24, 2004



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Effective on 10/01/2004. Patent fees are subject to annual revision.

PTO/SB/17 (11-04)  
 Approved for use through 07/31/2006. OMB 0651-0032  
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

# FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ ) 110.00

## Complete if Known

Application Number	10/038/640
Filing Date	January 4, 2002
First Named Inventor	Jonathan S. Stinson
Examiner Name	Bradford C. Pantuck
Art Unit	3731
Attorney Docket No.	23,369-110

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order

Deposit Account  None

Deposit Account N  
12-0448

Deposit Account N  
Larkin Hoffman Daly & Lindgren Ltd.

The Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  
 Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  
 Credit any overpayments

to the above-identified deposit account.

Other (please identify): \_\_\_\_\_

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

## FEE CALCULATION

### 1. BASIC FILING FEE

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid (\$)</u>
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____

**Subtotal (1) \$**

## FEE CALCULATION (continued)

### 2. EXTRA CLAIM FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 20 or HP = _____ x _____ = _____		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20		_____
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
- 3 or HP = _____ x _____ = _____		Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3		_____
<b>Multiple Dependent Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
		_____

**Subtotal (2) \$**

### 3. OTHER FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid (\$)</u>
1-month extension of time	110	55	110.00
2-month extension of time	430	215	_____
3-month extension of time	980	490	_____
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	_____
Information disclosure stat. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	340	170	_____
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other: _____			

**Subtotal (3) \$ 110.00**

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 27,717	Telephone 952-896-1574
Name (Print/Type)	Frederick W. Niebuhr Date November 24, 2004		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.